

Form Approved
OMB No. 0704-0267
Expires Mar 31, 1998

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
RETURN COMPLETED FORM TO YOUR CONTRACTING OFFICIAL.**

1. CONTRACTOR NAME	2. CONTRACTOR ADDRESS
3. BUSINESS UNIT	
4. RFP/CONTRACT PIIN NUMBER	5. PERFORMANCE PERIOD

[illegible]

	PERCENTAGE	AMOUNT
	a.	b.
(1) LAND	%	
(2) BUILDINGS	%	
(3) EQUIPMENT	%	
(4) FACILITIES CAPITAL EMPLOYED	100%	